

## Landscape Architect Reciprocity Verification Form

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: SC Dept. of Labor, Licensing & Regulation  
Board of Landscape Architectural Examiners,  
Post Office Box 11419  
Columbia, SC 29211-1419  
Email: [sherri.moorer@llr.sc.gov](mailto:sherri.moorer@llr.sc.gov)  
FAX: (803) 896-4424

NAME OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Applied

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Date Expires

\_\_\_\_\_  
License Number

Has this Applicant been subject to any Disciplinary Action or pending legal action that could affect his professional status in this state? \_\_\_\_\_No \_\_\_\_\_Yes (Please explain) \_\_\_\_\_

### METHOD OF LICENSURE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CLARB Certification  
Reciprocity – From State of \_\_\_\_\_  
Grandfather Clause  
State Exam (Attach details: Subjects, length, etc.)  
Oral Exam  
Uniform National Exam (UNE) or Landscape Architect Registration Examination (LARE) with passing scores set by CLARB and given without modification to the procedures set by CLARB for administration and evaluation.  
Other (Please explain)\_\_\_\_\_

### UNE/LARE Scores

SECTION	DATE PASSED	CLARB PASSING SCORE	CLARB MINIMUM PASSING SCORE

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

BOARD SEAL

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_